

# PATERNITY

# 4

## To Get The First Court Order

Plus Child Custody, Child Support  
and Parenting Time

Part 4: The Court Order  
(Forms Only)



**SELF SERVICE CENTER**  
**TO ESTABLISH PATERNITY**  
**WITH CHILD CUSTODY, PARENTING TIME**  
**(formerly known as “Visitation”)**  
**and SUPPORT**

**PETITIONER ONLY**

**PART 4 -- THE COURT ORDER**  
**(Forms Only)**

**How to assemble these documents**

This packet contains court forms for going to the final default hearing, and getting the court order for paternity, child custody, parenting time and support. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRP8ft	Table of forms in this packet	1
2	DRP8k	Checklist to file	1
3	DRP81f	<b><i>“Order for Paternity, Custody, Parenting Time and Support”</i></b>	5
4	DRCVG11f	<b><i>“Parenting Plan”</i></b>	5
5	DRS12f	<b><i>“Parent’s Worksheet”</i></b>	2
6	DRS82f	<b><i>“Order of Assignment”</i></b>	1
7	DRS89f	<b><i>“Judgment Data Sheet”</i></b>	1

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## SELF SERVICE CENTER

### FORMS

## PATERNITY ORDER

### CHECKLIST

Use the forms in this packet only if the following factors apply to your situation:

- ✓ You or the other party filed a complaint for paternity and/or custody, parenting time (formerly known as “visitation”), and child support, AND
- ✓ You (and the other party if you are proceeding by consent) have completed the court papers about custody, parenting time, and child support, AND
- ✓ You are ready to complete the court papers about the final order, AND
- ✓ You are going to a default hearing, or you both agree on the settlement terms of the court case, or you are going to a trial on what you disagree about.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (No Lawyer) OR Attorney for Petitioner OR  
 Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
 Name of Petitioner

Case Number: \_\_\_\_\_

### JUDGMENT AND ORDER FOR PATERNITY and/or

☐ CHILD SUPPORT ☐ CUSTODY  
☐ PARENTING TIME

\_\_\_\_\_  
 Name of Respondent

☐ **VITAL RECORDS** (Check this box if  
 any child was born in Arizona and the father's  
 name is to be added and/or the child's last name  
 is to be changed on the birth certificate.)

1. This case has come before the Court for a final Order. If necessary, the Court has taken any testimony needed to enter a final Order.
2. This Court has jurisdiction over the parties under the law.
3. Where it has the legal power to do so and where it is applicable to the facts of this case, this Court has considered, approved, and made an Order relating to paternity, child custody, support, parenting time, and expenses related to birth of the child(ren).
4. Petitioner and Respondent are the natural parents of the children named on birth certificates as:

	First	Middle	Last
(a)			
(b)			
(c)			

**who were born on this date and at this place:** (List in same order as above)

	Month/ Day /Year	City, State, Nation of Birth
(a)		
(b)		
(c)		

**5. PARENT INFORMATION PROGRAM:**

- A. Petitioner ☐ has attended the Parent Information Program class as evidenced by the Certificate of Completion in the court file. OR,  
 Petitioner ☐ has **not** attended the Parent Information Program class and shall be denied any requested relief to enforce or modify this decree until Petitioner has completed the class.
- B. Respondent ☐ has attended the Parent Information Program class as evidenced by the Certificate of Completion in the court file. **OR**  
 Respondent ☐ has **not** attended the Parent Information Program class and shall be denied any requested relief to enforce or modify this decree until Respondent has completed the class.

**6. DEVIATION FROM CHILD SUPPORT:** The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reasons:

- ☐ Application of the guidelines is inappropriate.
- ☐ Application of the guidelines is unjust.
- ☐ The parties have signed a written agreement with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

**The court makes the following finding regarding the deviation:**

The child support order would have been \$ \_\_\_\_\_

The child support order after deviation is \$ \_\_\_\_\_

All parties have signed the agreement free of duress and coercion.

**7. PHYSICAL CUSTODY ADJUSTMENT, COURT APPROVED DISCRETIONARY PARENTING TIME ADJUSTMENT AND/OR OTHER ADJUSTMENTS.** (The court must make written findings if any of these adjustments are made.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The court finds that the person responsible for paying child support has the ability to pay child support:

- ☐ In the amount entered on Line 33 of the Worksheet for \$ \_\_\_\_\_
- ☐ In an adjusted amount calculated using the self-support reserve on line 35 of the Worksheet for \$ \_\_\_\_\_

**8. CUSTODY OF THE MINOR CHILD(REN).** (Check and complete only if custody contested or joint custody ordered.)

☐ The custody order or agreement is in the best interests of the child(ren) for the following reasons: (List the reasons.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. SUPERVISED OR NO PARENTING TIME.** (Check and complete only if supervised or no parenting time is ordered.)

- ☐ Supervised parenting time between the children and ☐ Petitioner **OR** ☐ Respondent,  
☐ **NO** parenting time by ☐ Petitioner **OR** ☐ Respondent, is in the best interests of the child(ren), for the following reasons: (Explain the reasons)

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- 10. DOMESTIC VIOLENCE.** If the court enters an order for joint custody of the child(ren), check box "1" or box "2" and explain.
1. ☐ Domestic violence has not occurred during this relationship, OR
  2. ☐ Domestic violence has occurred, but the domestic violence has not been significant.
- Explain why joint custody is in the best interest of the child(ren) even though domestic violence has occurred:

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- 11. DRUG CONVICTION WITHIN LAST TWELVE MONTHS.** (Check, if applicable).
- ☐ If either party has been convicted of driving under the influence of alcohol or drugs, or was convicted of any drug offense within 12 months of filing the request for custody, the custody and/or parenting time arrangement ordered by this Court appropriately protects the child(ren).

## THE COURT ORDERS:

- 1. PATERNITY:** (Name of father as on his birth certificate)

First

Middle

Last

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**is declared to be the natural father of the minor child(ren).**

**FOR ANY CHILDREN BORN IN THE STATE OF THE ARIZONA, THE CLERK OF COURT SHALL FORWARD A COPY OF THIS ORDER TO THE OFFICE OF VITAL RECORDS, WHICH IS ORDERED TO AMEND THE BIRTH CERTIFICATE(S) AS FOLLOWS:**

2. ☐ The father's name shall be entered on the child's birth certificate.
3. ☐ The child or children's last name shall be changed to: \_\_\_\_\_

- 4. CHILD CUSTODY AND PARENTING TIME:**

**1. SOLE CUSTODY:**

- ☐ Sole custody of the minor child(ren) is awarded to:
- ☐ Petitioner or ☐ Respondent, subject to parenting time as follows:
- (A) ☐ Parenting Time to the parent not having custody according to the Parenting Plan attached to and made a part of this Order. OR,
- (B) ☐ Supervised parenting time, but only in the presence of another person, who is named below or otherwise approved by the Court.

Name of supervisor: \_\_\_\_\_

Restrictions on parenting time: \_\_\_\_\_

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The cost of supervised parenting time shall be paid by:

- ☐ Petitioner or ☐ Respondent or shared equally by the parties.

**OR**

- ☐ No parenting time rights to ☐ Petitioner or ☐ Respondent. (see next page)

OR

**2. JOINT CUSTODY:**

☐ Petitioner and Respondent agree to act as joint custodians of the child(ren), as set forth in the Parenting Plan signed by both parties and attached to and made a part of this Order. There have been no significant acts of Domestic Violence by either parent. The Court adopts the agreed terms of the Parenting Plan that describes the custody and parenting time and/or support agreement between the parties. By attaching the Parenting Plan to the Order, the Parenting Plan becomes part of the final Order and carries the same legal weight as any other Order.

**5. CHILD SUPPORT:**

☐ PETITIONER or ☐ RESPONDENT shall pay child support to the other party in the amount of \$\_\_\_\_\_ per month, beginning THE FIRST DAY OF THE MONTH following the signing of this Decree, according to the Child Support Worksheet. All child support payments shall be made through the Support Payment Clearinghouse, plus an applicable statutory fee.

Payments shall be in equal installments made on the 1st and 15th of each month thereafter through an automatic wage assignment.

Costs for past child support and care for child(ren) in the amount of \$\_\_\_\_\_ shall be paid by ☐ PETITIONER or ☐ RESPONDENT in the amount of \$\_\_\_\_\_ each month until paid in full. Payments shall be made as stated above.

**6. MEDICAL/DENTAL/VISION CARE INSURANCE EXPENSES FOR CHILDREN**

PETITIONER is ordered to provide ☐ medical, ☐ dental ☐ vision care insurance.

RESPONDENT is ordered to provide ☐ medical, ☐ dental ☐ vision care insurance.

The party ordered to pay for medical/dental/vision care insurance must keep the other party informed of the insurance company's name, address, and telephone number, and provide the other party with the documents necessary to submit insurance claims.

☐ PETITIONER is ordered to pay \_\_\_\_\_% and/or

☐ RESPONDENT is ordered to pay \_\_\_\_\_% of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription, and other health care expenses for the minor child(ren), including co-payments.

Costs for past medical expenses for child(ren) in the amount of \$\_\_\_\_\_ shall be paid by ☐ PETITIONER or ☐ RESPONDENT in the amount of \$\_\_\_\_\_ each month until paid in full. Payments shall be made as stated above.

**7. OTHER COSTS:** ☐ PETITIONER or ☐ RESPONDENT is awarded judgment in the amount of \$\_\_\_\_\_ for expenses incurred relating to medical care, hospitalization and other costs related to the birth of the child(ren), which shall be paid by ☐ PETITIONER or ☐ RESPONDENT.

**8. FINANCIAL INFORMATION EXCHANGES:** The parties shall exchange financial information (tax returns, spousal affidavits, earning statements and/or other related financial statements) every twenty-four months.

**9. LIMITATION ON JURISDICTION:** (check box if applicable)

☐ This Court cannot make a legal order, without personal service on \_\_\_\_\_ (the other party) with respect to issues of child support, medical and dental insurance for the minor child(ren) or regarding costs relating to the birth of the child(ren). The court reserves jurisdiction to enter further orders at such time as the Court acquires personal jurisdiction over the Respondent/Defendant.

Case No. \_\_\_\_\_

**10. OTHER ORDERS:** This Court makes further Orders relating to this matter as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DONE IN OPEN COURT** \_\_\_\_\_

\_\_\_\_\_  
**JUDICIAL OFFICER**

**ACKNOWLEDGEMENT OF THE PARTIES OR THEIR ATTORNEYS**

**APPROVED BY:**

\_\_\_\_\_  
Petitioner's Signature

Signed and sworn to or affirmed before me this date: \_\_\_\_\_ by: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Michael K. Jeanes, Clerk of Superior Court

OR

My commission expires: \_\_\_\_\_

By: \_\_\_\_\_

Deputy Clerk

**If you are filing a Consent Decree or if there has been a trial, the Respondent must sign:**

\_\_\_\_\_  
Respondent's Signature

Signed and sworn to or affirmed before me this date: \_\_\_\_\_ by: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Michael K. Jeanes, Clerk of Superior Court

OR

My commission expires: \_\_\_\_\_

By: \_\_\_\_\_

Deputy Clerk

**If either party is represented by a lawyer, the lawyer must sign:**

Petitioner's Lawyer: \_\_\_\_\_ Date: \_\_\_\_\_

Respondent's \_\_\_\_\_ Date: \_\_\_\_\_  
Lawyer: \_\_\_\_\_



Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without Attorney) OR Attorney for ☐ Petitioner ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

Case Number \_\_\_\_\_

AND

**PARENTING PLAN FOR:**

☐ **JOINT CUSTODY WITH JOINT  
CUSTODY AGREEMENT**

**OR**

☐ **SOLE CUSTODY**

\_\_\_\_\_  
Name of Respondent

☐ Mother

☐ Father

### INSTRUCTIONS

**This document has 3 parts:** PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

**One or both parents must complete and sign the Plan as follows:**

- a. If both parents agree to joint custody: Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. If both parents agree to custody and parenting time arrangements but not to joint custody: Both parents must sign the Plan at the end of PART 2;
- c. If only one parent is submitting the Plan: That parent must sign at the end of PART 2

### PART 1: GENERAL INFORMATION:

**A. CHILDREN.** This Plan concerns the following children: (Use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN:** The following custody arrangement is requested: (Check the box(es) that apply.)

☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**

☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan, **OR**

☐ Mother or ☐ Father will be the primary custodial parent

☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**

☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.

☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

**PART 2: CUSTODY AND PARENTING TIME.** Complete each section below. Be specific about what you want the judge to approve in the court order.

**A. WEEKDAY AND WEEKEND SCHEDULE:** The time-sharing schedule will be as follows:

☐ The children will be in the care of Father as follows: (Explain).

☐ The children will be in the care of Mother as follows: (Explain).

☐ Other custody arrangements are as follows: (Explain).

☐ Transportation will be provided as follows:

☐ Mother or ☐ Father will pick the children up at \_\_\_\_\_ o'clock.

☐ Mother or ☐ Father will drop the children off at \_\_\_\_\_ o'clock.

Parents may change their time-share arrangements by mutual agreement with at least \_\_\_\_ days notice in advance to the other parent.

**B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS:** The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**

☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**

☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)

☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.)

☐ Each parent is entitled to a \_\_\_\_ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least \_\_\_\_ days in advance.

- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than \_\_\_\_\_ days without the prior written consent of the other parent or order of the court.

**C. HOLIDAY SCHEDULE:** The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

Holiday		Even Years		Odd Years	
<input type="checkbox"/>	New Year's Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	New Year's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Spring Vacation	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Easter	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	4th of July	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Halloween	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Veteran's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Thanksgiving	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Hanukkah	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Winter Break	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Child's Birthday	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother's Day will be celebrated with the Mother every year				
<input type="checkbox"/>	Father's Day will be celebrated with the Father every year.				
<input type="checkbox"/>	Each parent may have the child(ren) on his or her birthday.				
<input type="checkbox"/>	Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend.				
<input type="checkbox"/>	Other Holidays (Describe the other holidays and the arrangement.)				

- ☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours
- ☐ Other (Explain)

**D. PARENTAL ACCESS TO RECORDS AND INFORMATION:** Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

**E. EDUCATIONAL ARRANGEMENTS:**

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with  
☐ Mother OR ☐ Father after consultation with \_\_\_\_\_

**F. MEDICAL AND DENTAL ARRANGEMENTS:**

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with:  
☐ Mother OR ☐ Father after consultation with \_\_\_\_\_

**G. RELIGIOUS EDUCATION ARRANGEMENTS:**

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the \_\_\_\_\_ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

**H. ADDITIONAL ARRANGEMENTS AND COMMENTS:**

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within \_\_\_\_\_ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren)
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren)

- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***“Parenting Plan/Access Agreement”*** in place before the move **or** the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

**NOTICE TO PARENTS:** Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

**I. SIGNATURE OF BOTH PARTIES**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):**

- A.** ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every \_\_\_\_\_ months from the date of this document.
  - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403)
    - a.** The best interests of the child(ren) are served;
    - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
    - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
    - d.** The Plan includes a procedure for periodic review;
    - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved
    - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

**B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Name of Person Filing : \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_  
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney  
 (IF) Attorney, Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_  
 Atty. Email: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 IN MARICOPA(2) COUNTY**

**PARENT'S WORKSHEET FOR CHILD SUPPORT**

(3) Petitioner \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent \_\_\_\_\_ (4) ATLAS \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.  
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.  
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	<b>FATHER</b>		<b>MOTHER</b>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)		\$ _____
<b>Basic Child Support Obligation</b>	(16)		\$ _____
<b>Plus Costs for:</b>			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)		\$ _____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)		\$ _____

	<b>FATHER</b>		<b>MOTHER</b>	
Each Parent's % of Combined Income	_____	%	(24)	_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____		(25)	\$ _____

**Adjustment for Non Custodial Parent's Costs Associated with Parenting Time**Using Table A ☐ Table B ☐ (26)

No. of Days \_\_\_\_\_ = \_\_\_\_\_% Adjustment (from table)

x Line (16) \$ \_\_\_\_\_ (Basic Child Support Obligation) \$ \_\_\_\_\_ (27) \$ \_\_\_\_\_

**Less Noncustodial Parent's Costs for:**

Medical/Dental/Vision Insurance\* \$ \_\_\_\_\_ (28) \$ \_\_\_\_\_

Childcare\* \$ \_\_\_\_\_ (29) \$ \_\_\_\_\_

Education Expenses\* \$ \_\_\_\_\_ (30) \$ \_\_\_\_\_

Extraordinary/Special Needs Child Expenses\* \$ \_\_\_\_\_ (31) \$ \_\_\_\_\_

\*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ \_\_\_\_\_ (32) \$ \_\_\_\_\_

Preliminary Child Support Amount \$ \_\_\_\_\_ (33) \$ \_\_\_\_\_

**Self Support Reserve Test for Parent Who Will Pay**

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ \_\_\_\_\_ (34) \$ \_\_\_\_\_

Child Support to be Paid by: Father ☐ Mother ☐ \$   (35) \$  

Share of Travel Expenses Related to Parenting Time\* \_\_\_\_\_ % (36) \_\_\_\_\_ %

\*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance \_\_\_\_\_ % (37) \_\_\_\_\_ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent

# THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) \_\_\_\_\_ )  
 Petitioner/Plaintiff )  
 vs. )  
 (2) \_\_\_\_\_ )  
 Respondent/Defendant )

(3) Case Number: \_\_\_\_\_

(4) ATLAS Number: \_\_\_\_\_

## ORDER OF ASSIGNMENT

**TO: Current and future employers or other payors of:**

(5) Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**This order modifies and replaces any previous "Order of Assignment" with the same case number.** You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
<b>TOTAL AMOUNT</b> per month	<b>\$ _____, but no more than</b>

**50% of disposable earnings** (A.R.S. § 33-1131). \*The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

**This Order of Assignment terminates** on the last day of \_\_\_\_\_, \_\_\_\_\_ unless it includes an arrearage payment, in which case the total amount listed above shall continue to be withheld until further order.

**You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."**

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

**Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
 Judicial Officer or Clerk of Superior Court



Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT.  
DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE  
PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.

## JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY\*)

**PERSON TO RECEIVE PAYMENTS:**

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

**PERSON TO MAKE PAYMENTS:**

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS:** Firm Name: \_\_\_\_\_Payroll Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CHILDREN:**

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ Additional children listed on attached sheet.**FOR COURT USE ONLY**

Order Date: _____		Type of Order: _____	
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages
Amount _____	Amount _____	Amount _____	Amount _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Total _____
	Thru Date _____	Thru Date _____	Thru Date _____
	Due Date _____	Due Date _____	Due Date _____
			Miscellaneous
			Med Ins _____
			Frequency _____
			Med Bills _____
			Frequency _____
			Due Date _____